

## Department of Treasury—American Samoa Tax Division

## A.S. Individual Income Tax Return

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<u>U</u>	U	7	1	

The		has adopted legislation providing that all years thereafter, except as amended					-			
		he year Jan. 1–Dec. 31, 2010, or othe			, 2010, endi		computati	, 20	^	
	_	first name and initial	,	Last name	,,		Your social	security number	er	
Please	L									
print	If a jo	oint return, spouse's first name and initial		Last name			Spouse's so	cial security nu	mber	
or										
type	Hom	e address (name of village). If you have a P.	O. box				Home	phone no	Business phone no.	
	<u></u>									
	City,	town or post office, state, and ZIP code. If y	ou have a foreign addr	ress				Do you live in a rental home		
							Yes	Ш	No L	
E. 64 4	1	Single								
Filing Status	2	Married filing joint return (ev Married filing separate return	-		full name here	•				
Check only	4	Head of household (with qual	-	•		ot your depe	ndent,			
one box.		enter this child's name here.								
	5	Qualifying widow(er) with de	pendent child (year	spouse died	).					
	6a	Yourself. If your parent (or someo	ne else) can claim you	as a dependent on his or her ta	ıx		] _	No. of boxes che	cked	
Exemptions	b	return, do not check box 6a  Spouse	. – – – –				}	on 6 a and 6b		
		Dependents:	<del></del>		(4) Dependent's	(5) if q	J nalifying	No. of your child	ren on 6c who	
	•	Dependents.	(2) Date of	(3) Dependent's	relationship to	child for c		lived with yo		
If more than six		(1) First name Last name	Birth	social security number	you	credit (see	page 20)	• did not live v	rith	
dependents,			$\downarrow \qquad \downarrow$					you due to divor	ce or seperated	
								(see page 20)		
								Dependents on 6	c not entered	
			+					above		
			+				_			
	a	Total number of exemptions claimed						not entered above		
								7	loove P	
	7 7b	Wages, salaries, tips, etc. Attach For Tax-exempt income (as per ASCA)			Attach Worksheet			7c		
Income	8a	Taxable interest. Attach Schedule B if required 8a Income					8a			
	b	Tax-exempt interest. Do not include	•		8b					
Attach	9	Ordinary dividends. Attach Schedule	B if required					9		
Forms W-2AS and	10	Taxable refunds, credits, or offsets o	f state and local inc	ome taxes				10		
W-2G here.	11	Alimony received	1 1 1 0 0 57					11		
Also attach Form(s) 1099-R	12	Business income or (loss). Attach Sc Capital gain or (loss). Attach Schedu		not required, check here	<b></b>			12		
if tax was	13 14	Other gains or (losses). Attach Form	•	not required, check hele	, L			14		
withheld.		Total IRA distributions	15a	b '	Taxable amount	•••••		15		
	16a	Total pensions and annuities	16a	<b>b</b> ,	Taxable amount			16		
	17	Rental real estate, royalties, partners	hips, S corporations	, trusts, etc. Attach Schedu	ıle E			17		
If you did not	18	Farm income or (loss). Attach Sched	ule F					18		
get a W-2,	19	Unemployment compensation	[	, ~	P11.			19		
	20a 21	Social security benefits Other income. List type and amount	20a	b 1	Faxable amount			20		
	22	Add the amounts in the far right colu	ımn for lines 7 throi		income	<b></b>		22		
	23	IRA deduction		•	23	r				
	24	Student loan interest deduction			24					
Adjusted	25	Medical savings account deduction.			25					
Gross	26	Moving expenses. Attach Form 3903								
Income	27	One-half of self-employment tax. Attach Schedule SE 27								
	28	Self-employed health insurance deduction 28								
	29 30	Self-employed SEP, SIMPLE, and q Penalty on early withdrawal of savin	-		30			<b></b> 7////		
	31	Alimony paid <b>b</b> Recipient's SSN	• · · · · · · · · · · · · · · · · · · ·		31a					
	32	Add lines 23 through 31a						32		
	33	Subtract line 32 from line 22. <b>This is</b>						33		

Form 390 (2011)										Page 2
	34	Amount from line 33 (adjusted gross income)					34			
т 1	35a	Check if: You were 65 or older, Bli	ind; Spouse was 65 o	or older,	Blin	d.				
Tax and		Add the number of boxes checked above and enter the total	al here	<b>—</b>	ง 35a					
Credits	b	If you are married filing separately and your spouse itemizes deductions, or								
Standard	)	you were a dual-status alien, see page 31 and check here								
Deduction	36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown								
for Most people		on the left. But see page 31 to find your standard deduction						ı		
Single:		line 35a or 35b or if someone can claim you as a dependen					36	ĺ		
\$4,400.00	37	Subtract line 36 from line 34			•••••		37			
Head of	38			l on	•••••		COLUMN TO SERVICE			
household:		If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on								
\$6,450.00	39	line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter 38  Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-39								
Married filing	40									
jointly or	41	Tax (see page 32). Check if any tax is from  a Form(s) 8814  b Form 4972  40  41								
	42	Add lines 40 and 41			•••••		42			
Qualifying	43			43	•••••		7777			
widow(er):	1	Foreign tax credit. Attach Form 1116 if required		•			-			
\$7,350.00	44	Credit for child and dependent care expenses. Attach Form 2441		44			-	1		
Married	45	Credit for the elderly or the disabled. Attach Schedule R		45			-			
filing	46	Education credits. Attach Form 8863		46			-////	ı		
separately:	47	Child tax credit		47			-////			
\$3,675.00	/ 48	Adoption credit. Attach Form 8839		48			-////			
	49	Other. Check if from a form 3800	<b>b</b> Form 8396							
		C Form 8801 d form (specify)		49			7////			
	50	Add lines 43 through 49. These are your total credits	•				50	-		
	51	Subtract line 50 from line 42. If line 50 is more than line 4	2, enter -0			······	51			
	52						52			
Other	53	Tax on IRAs, other retirement plans, and MSAs. Attach Fo	orm 5329 if required				53	<b>—</b>		
Taxes	54	Household employment taxes. Attach Schedule H					54	<b>—</b>		
	55						55	<b>—</b>		
	56	American Samoa Minimum Tax (4% of the AGI, line 34 or attach	worksheet if PL 19-33 applies)				56	<b>—</b>		
	57a	This is your <b>total income tax:</b> line 55 or 56 whichever is larger					57a	<u> </u>		
	57b	Wage Tax (2% of line 7)					57b	<b>—</b>		
	57c	Total tax (add line 57a and line 57b)	11000	1 1			57c			
	58	Samoa income and wage tax withheld from Forms W-2AS						1		
Payments	59	2011 estimated tax payments and amount applied from 20			_			ı		
·	60	Earned income credit (EIC). (Not applicable in American Sam	· · · · · · · · · · · · · · · · · · ·							
	61	Excess social security and RRTA tax withheld (Not Applic	cable)	61			<b>*</b> ////			
	62			62			- /////			
	63	Amount paid with request for extension to file.	بر	63						
	64	Other payments. Check if from a Form 2439	<b>b</b> Form 4130	6 64				ł		
	65	Add lines 58, 59, 60a, and 61 through 64. These are your t					65	<b></b>		
	66	If line 65 is more than line 57, subtract line 57 from line 65	5. This is the amount you <b>ove</b>	rpaid			66	<b></b>		
Refund	Amount of line 66 you want refunded to you						67	1		
	68	Amount of line 66 you want applied to your 2011 estimate		68				<u> </u>		
Amount	69	If line 57c is more than line 65, subtract line 65 from line 57c. Thi	•					1		
you		For details on how to pay, (Call the ASG Tax Office, refer to the	e Collection Section)	1 1			69		,,,,,,	,,,,,,,,
owe	70	Estimated tax penalty. Also include on line 69		70	_					
Third Party	71	Do you want to allow another person to discuss this return with the	he ASG?		Yes	Complete		wing		∐No
Designee			ephone			onal Identification	n			
		Name Nui	mber		Num	ber (PIN)		<u> </u>	$\perp$	
Sign Here	Und	er penalties of perjury, I declare that I have examined this re	eturn and accompanying sched	dules and statemen	ts, an	d to the best of i	ny know	ledge and		
Sign Here	belie	f, they are true, correct, and complete. Declaration of prepa	rer (other than taxpayer) is ba	sed on all informa	tion c	of which prepare	r has any	knowled	ge.	
Joint return?	You	signature	Date	Your occu	ipatio	on		Day time	phone n	umber
Both spouses					-			1		
must sign.	<u> </u>	20.11.1.1		g ,						
Keep a copy	Spo	se's signature. If a joint return, both must sign.	Date	Spouse's	occu	pation		1		
for records										
	Prep	arer's	Date	Check if				Preparer's	SSN or F	PTIN
Paid	sign	nture		self-employed				<u> </u>		
prepared	Firm	s name (or			_					
Use Only yours if self-employed),										
	add	ress, and ZIP code	<u> </u>			Phone no.				